Kansas Medical Assistance

DRUG UTILIZATION REVIEW BOARD

Meeting Minutes, Open Session

September 10, 2003

DRUG UTILIZATION REVIEW BOARD Meeting Minutes, Open Session EDS Wichita Room Topeka, Kansas September 10, 2003	**Members Present:** Michael Burke, M.D., Ph.D., Chair, R. Kevin Bryant, M.D., CMD, Linda Kroeger, ARNP, John Lowdermilk, R.Ph., Barry Sarvis, R.Ph., Brenda Schewe, M.D., Kevin Waite, Pharm.D., John Whitehead, D.O. **SRS Staff Present:** Nialson Lee, B.S.N, M.H.A., Mary Obley, R.Ph., Vicki Schmidt, R.Ph., DUR Program Director **EDS Staff Present:** Karen Kluczykowski, R.Ph.	**Representatives:** Brad Rupp M.D. (Topeka Urology), Elias Tawil M.D. (Urology), Barry Adams (Upjohn), Mike Huffles (Ks Governmental Consulting), James V. Rider, D.O. (Geriatrics), Debbie King (Amgen), Jim Baumann, R. Ph (Pfizer), Diane Hazley (Bristol-Myers Squibb), Bruce Steinberg (Aventis), Barbara Reichenau (HLR Services), Candie Phipps (Boehringer Ingelheim), Myrle Myers (Johnson & Johnson), Jerry Matson (Bristol-Myers Squibb), Ron Graham (Novatis), Mike Moratz (Merck & Co, Inc.), Ann Yost (GSK), Nancy Zogleman (Pfizer), Brett Spencer (Purdue Pharma), James Lieurance (Takeda), Kate Kulesher (Wyeth), Craig Boon (Heritage Information Systems, Inc.), Margaret Cavanaugh (Heritage Information Systems, Inc.), Beth Alley (Heritage Information Systems, Inc.)

TOPIC	DISCUSSION	DECISION/ACTION
I. Call to Order	• Dr. Michael Burke, Chair, called the Open Meeting of the Drug Utilization Review Board to order at 9:30 a.m.	
II. Review and Approval of July 9, 2003, Meeting Minutes	• There was one correction made by Dr. Schewe to the July 2003 meeting minutes. Page 4, 1st paragraph, 4th sentence, this should say Committee found the drugs clinically equivalent within each class.	• A motion to approve the minutes with the correction was made by Dr. Schewe and seconded by Mr. Lowdermilk. The motion carried unanimously by a roll call vote.

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III. Old Business **A. 2nd Generation Sulfonylureas (Metaglip®,Glucovance®)**	• Mary stated the recommendation from SRS is for glyburide and generic glipizide to be the preferred 2nd generation Sulfonylureas and Prior Authorization would be required for Amaryl®, Glucotrol XL®, Metaglip®, and Glucovance®. The recommendation for Prior Authorization criteria is medical intolerance to the Preferred Drug, or inadequate response to the Preferred Drug, or absence of appropriate formulation or indication of the drug. • Mary stated the PDL Advisory committee found clinical equivalence among the sulfonylureas; glipizide, glyburide and glimepiride. There is no significant clinical differences in single agents, and the combination agents are clinically equivalent to single agents taken together.	
Public Comment	• Diane Hazley (Bristol-Myers Squibb) read a letter from Dr. Alan Wynne regarding Glucovance®. She then read through statistics on how Glucovance® helps avoid complications with Diabetes.	
DUR Board Discussion	• Dr. Burke read from the PDL Advisory Committee minutes, Dr. Sweet referenced the *Medical Letter*, and their approach to the use of Glucovance®. Dr. Sweet said that as a clinician, it is best to start "drug-naive" patients on single products first, and then add drugs or adjust dosage. It is not recommended to start patients on fixed dosage combinations like Glucovance®. By using the Prior Authorization process, if optimal treatment with a single preferred agent is	

	not achieved, the patient could move on to dual drug therapy or combination drug therapy. Glucovance® would be available by Prior Authorization.	
TOPIC	**DISCUSSION**	**DECISION/ACTION**

Public Comment	• Dr. Schewe asked if there were any long-term studies with two separates drug entities verses the one drug entity on long-term comparison. • Diane Hazley (Bristol-Myers Squibb) responded that Glucovance® has only been out for two years and Dr. Schewe had the study that was handed out in the PDL meeting that compares the data. She also pointed out that it is time consuming for the doctors to obtain Prior Authorizations.	
DUR Board Discussion	• Dr. Burke stated that part of their initiative will be education of clinicians so we can facilitate their work with the Prior Authorization process. The committee felt there still did not appear to be significant clinical differences in combination agents over single agents where drugs are combined.	
DUR Board Recommendations	• With no further Board discussion, a motion was placed before the Board.	• A motion was made by Dr. Schewe and seconded by Dr. Bryant to accept the SRS recommendation for generic glyburide and generic glipizide to be the Preferred 2nd Generation sulfonylureas, and Prior Authorization required for Amaryl®, Glucotrol XL®, Metaglip®, and Glucovance® with Prior Authorization criteria of medical intolerance to the Preferred Drug, or absence of appropriate formulation or indication of the drug. A roll call vote was taken with Mr. Lowdermilk voting no and the rest voting yes.
IV. New Business **A. Introduction of New DUR Director**	• Mary introduced the new DUR Director, Vicki Schmidt, R.Ph.	
TOPIC	**DISCUSSION**	**DECISION/ACTION**

B. Heritage Presentation Annual Assessment	• Vicki then introduced the Director of Account Management for Heritage Information Systems, Craig Boon. Also representing Heritage were Margaret Cavanaugh, clinical pharmacist, and Beth Alley. • Heritage did a presentation reviewing the services they provide. • The contract with Heritage with respect to Retro-Drug Utilization Review provides for the following services per quarter: 200 patient profile reviews One population based intervention 15 academic detailing visits One newsletter • Craig Boon then presented the clinical assessment for fiscal year 2003. • Various intervention ideas were presented.	• The DUR Board decided to make the first 200 patient profile letters target beneficiaries receiving 10 or more prescriptions in a one-month period of time. Discussed disease states to be excluded are: Congestive Heart Failure AIDS/HIV Chronic Renal Failure • The DUR Board previously approved the first intervention to be on Congestive Heart Failure. The subsequent intervention will be on antibiotic drug use.
C. Preferred Drug List Expenditure Update	• Mary stated that the data is not available at the time. The subject was deferred.	
D. Review Prior Authorization Criteria for Enfuviritide (Fuzeon®) **Public Comment** **DUR Board Discussion**	• Mary worked with KDHE and Dr. Donna Sweet on the criteria for Fuzeon®. • Dr. Burke questioned the cost of Fuzeon®. • Mary replied that the cost of Fuzeon® is around $15,000 to $20,000 per year. • Barbara Reichenau (HLR Services) stated that only three or four states in the nation have Prior Authorization criteria in Medicaid populations. • Dr. Burke stated that until the Board reviews a	
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	new drug it is automatically available.	
DUR Board Recommendations	• With no further Board discussion, a motion was place before the Board.	• A motion was made by Dr. Schewe and seconded by Dr. Waite to accept the SRS recommendation for Prior Authorization criteria. The motion carried unanimously by a roll call vote.
E. Review Draft Policy for Benzodiazepine Coverage	• Mary presented a draft coverage policy regarding Benzodiazepines. Mary stated that currently Kansas Medicaid does not cover these drugs. There has been some discussion regarding coverage of this class of drugs, with restrictions. One restriction might be dosage related. It would be an edit that could not be bypassed with Prior Authorization. If the DUR Board decides to cover the benzodiazepines with no Prior Authorization overrides, the policy must be somewhat broad. • Dr. Burke informed the Board that the Medical program is allowed by federal statute to restrict Benzodiazepine use. The previous position of the board was that we might be reducing the abuse of this drug. • Mary stated that a majority of the states cover Benzodiazepines.	
DUR Board Recommendations	• With no further Board discussion, a motion was placed before the Board.	• A motion was made by Dr. Schewe and seconded by Ms. Kroeger to accept Benzodiazepine coverage as drafted. Mr. Sarvis voted no and the rest of the Board voted yes by roll call.
F. Discussion/Approval of Preferred Drug List and Prior Authorization Criteria for Non-preferred Drugs **1. Estrogens**	• Mary stated that at the current time all estrogen products will remain preferred.	
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2. Platelet Aggregation Inhibitors	• Mary stated that at the current time all platelet aggregation inhibitors will remain preferred.	
3. Cholinesterase Inhibitors	• Mary stated that at the current time all cholinesterase inhibitors will remain preferred.	
4. Anticholinergic Urinary Incontinence Drug		
a. SRS Proposal for Preferred/ Non-preferred Drugs	• Mary stated the recommendation from SRS is for generic Oxybutynin 5mg tablets and Oxybutynin syrup to be the preferred Anticholiergic Urinary Incontinence drugs. The following drugs would require Prior Authorization: Urispas® Ditropan XL® Detrol® Detrol LA® Oxytrol® The recommendation for Prior Authorization criteria is medical intolerance to the preferred drug, or inadequate response to the preferred drug, or absence of appropriate formulation or indication of the drug.	
b. Public Comment	• Dr. Elias Tawil (Urologist from Pittsburgh, KS) commented on Oxybutynin. • Dr. James Ryder (Valley Falls, KS) is associated with seven nursing homes, four of which he is the Medical Director. He is against the use of Oxybutynin, since confusion, visual problems, dizziness, and weakness are some of the side effects. Dr. Ryder also handed out a published study from California regarding Oxybutynin. • Dr. Brad Rapp (Urologist from Topeka) commented on having both drugs on the PDL. His opinion is that Oxybutynin works fine on children. In elderly patients the extended release	
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	medications are needed, especially the Detrol LA®.	
d. Discussion of Prior Authorization Criteria	• The Board discussed implementing an automatic override of Prior Authorization criteria if the patient was over age 60. The Board requested statistics regarding usage by age groupings.	
e. DUR Board Recommendations	• With no further Board discussion, a motion was placed before the board.	• A motion was made by Dr. Whitehead and seconded by Dr. Bryant, to table this class of drugs until the Board receives expenditure and utilization data. The motion carried unanimously by a roll call vote.
5. Muscle Relaxants		
a. SRS Proposal for Preferred/Non-preferred Drugs	• Mary stated the recommendation from SRS is for Baclofen®, Chlorzoxazone®, and Cyclobenzaprine 10 mg be the preferred Muscle Relaxants. The following drugs would require Prior Authorization: Tizanidine Orphenadrine Methocarbamol Carisprodol Carisprodol Compound Skelaxin® Flexeril® 5mg The recommendation for Prior Authorization criteria is medical intolerance to the preferred drug, or inadequate response to the preferred drug, or absence of appropriate formulation or indication of the drug.	
b. Public Comment	• No public comment.	
TOPIC	**DISCUSSION**	**DECISION/ACTION**

c. Discussion of Prior Authorization Criteria	• Barry Sarvis asked what the time frame is and how practitioners will know this is going into effect. • Mary replied that EDS sends out Bulletins on an ongoing basis. • Nialson Lee said that it will also be on the SRS/EDS website.	
d. DUR Board Recommendations	• With no further Board discussion, a motion was placed before the Board.	• A motion was made by Dr. Bryant and seconded by Dr. Whiteside to accept the SRS recommendation for Prior Authorization criteria of muscle relaxants. The motion carried unanimously by a roll call vote.
V. Meeting Adjournment	• There being no further discussion, a motion to adjourn was placed before the Board.	• A motion was made by Dr. Whiteside and seconded by Dr. Bryant to adjourn the meeting. The motion carried unanimously. The open meeting was adjourned at 1:40 p.m.